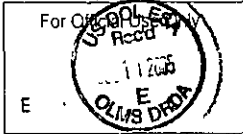


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9544</u>	2. Fiscal Year Covered From <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>WAYNE MITCHELL</u> P.O. Box, Bldg., Room No., if any Street <u>31 W 15 ST.</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10011-6849</u>	4. Name, file number, and address of labor organization. Name <u>NEW YORK MAILERS UNION No. 6</u> Labor Organization File Number <u>009670</u> P.O. Box, Building and Room Number, if any Street <u>31 W 15 ST.</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10011-6849</u>
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Wj Mitchell</u>	On <u>7-1-05</u> <u>917 661 1395</u> Date Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name *Loomis, Sayles & Company*

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street *39533 N. WOODWARD AVE SUITE 300*

City *BLOOM FIELD HILLS*

State *MI.* ZIP Code + 4 *48304*

9. Business deals with

a. Labor Organization

b. Trust

c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name *CWA/ITU Negotiated Pension Plan*

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street *831 S. Nevada Ave STE 120*

City *Colorado Springs*

State *Co.* ZIP Code + 4 *80903*

11.a. Nature of such dealing

BUSINESS PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE TRUST

11.b. Approximate dollar value of such dealing *\$96,767.00*

12.a. Nature of interest held or income received

DINNER AFTER BOARD OF TRUSTEE MEETINGS IN WHICH INVESTMENT PERFORMANCE WAS REVIEWED ON 4/18/04 + 8/3/04 MY SPOUSE ALSO ATTENDED

12.b. Amount *\$ 371.00*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant?

14.b. Amount of payment

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name *CONGRESS ASSET MANAGEMENT*

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street *2 Seaport Lane*

City *BOSTON*

State *MA*

ZIP Code + 4 *02210 - 2001*

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name *CWA/ITU Negotiated Pension Plan*

Trade Name, if any

P.O. Box, Bldg., Room No., if any *Suite 120*

Street *831 S. Nevada Ave.*

City *Colorado Springs*

State *Co.*

ZIP Code + 4 *80903*

11.a. Nature of such dealing

Business provides investment management services to the trust

11.b. Approximate dollar value of such dealing *\$192,500.00*

12.a. Nature of interest held or income received.

ATTENDED RECEPTION AFTER BOARD OF TRUSTEES MEETING HOSTED BY CONGRESS ASSET MGT. FOR THE TRUSTEES, ADVISORS & OTHERS MANAGED ON 8/2/04 MY SPOUSE ALSO ATTENDED

12.b. Amount. *\$130.00*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13 b. Is the Business an Employer

or Consultant

?

14 b. Amount of payment

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name **ASB CAPITAL**

Trade Name, if any:

P.O. Box, Bldg, Room No., if any **SUITE 310**

Street **1919 M STREET N.W.**

City **WASHINGTON D.C.**

State **D.C.** ZIP Code + 4 **20036-3521**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name **CWA/ITU NEGOTIATED Pension Plan**

Trade Name, if any

P.O. Box, Bldg, Room No., if any **Suite 120**

Street **831 S. NEVADA AVE**

City **COLORADO SPRINGS**

State **Co.** ZIP Code + 4 **80903**

11.a. Nature of such dealing

Business provides investment management services to the TRUST.

11.b. Approximate dollar value of such dealing. **223,843.00**

12.a. Nature of interest held or income received.

attended reception after BOARD of TRUSTEE meeting hosted by ASB for the TRUSTEES, advisors & other managers on 4/19/04 my Spouse also attended

12.b. Amount. **\$150.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b. Is the Business an Employer or Consultant?

14 b. Amount of payment